

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/930997

Original

CLAIMS AS AMENDED - PART II

8.10.04

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | * 18 | Minus | ** 21 | = 0 |
| Independent | * 2 | Minus | *** 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ 9= | |
| X43= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$18= | |
| X86= | |
| +280= | |
| TOTAL ADDIT. FEE | |

A.F. (N.E.)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | |

9/15/05

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | * 18 | Minus | ** | = |
| Independent | * 2 | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | |

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | |